

Current mail address
75 S main st Pmb 246
Concord NH 03301

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

FILED - USDC - NH
2025 MAY 13 AM10:46

Rosemary D Pierce
Home address 1. Thompson
Street Apt 810, Concord NH
PO Box 4065
concord NH 03302

Plaintiff(s)

v.

COMPLAINT

Post office
Concord NH 03302
Loudon ~~Rd.~~ Rd.

Defendant(s)

refuse to give me
my mail. Taken away
my amendment Rights
CIVIL

Parties to this Complaint

Plaintiff(s) Name, Address and Phone Number

Rosemary D Pierce
1 Thompson St Apt 810 Concord NH 03301
PH. 603 997.2877

PO Box 4065 03302
Post office Loudon Rd, Concord

NH

Defendant(s) Name, Address and Phone Number

Postal workers. manager's
Post office. Loudon Road
Concord NH 03302

Jurisdiction and Venue:

(Explain why your case is being filed in federal court and why the court is legally permitted to hear your case. Add additional sheets as necessary.)

Post office refuses to give me my mail. They have held my mail 2 month's now.

Taken away my American Admenment Rights. Civil case Said over my Lose of Phone Service at THE Time Said They Could't Reach me, I had NO Tracking Numbers at The Time so There was no Reason For calling I didn't have any ordor's, gave me another application to Fill out IN ordor to recieve my mail. I Just gave Them \$100 dollars toward my Payment for the Box Been over 6 months i have been recieving my mail at the Post office my Paymen t agreement is \$100 for 6 months of use for the mailbox 4065 and They wontt deliver my mail at my Home address ether,

Please Have the Judge Look it over Thank you

Statement of Claim:

(As briefly as possible, state each claim you have against defendant(s) and state the legal cause of action, facts, and circumstances that gave rise to your claim(s). Add additional sheets as necessary.)

Relief Requested from the Court:

(Briefly state exactly what you want the Court to do for you. Add additional sheets as necessary.)

Jury Demand

- Check this box if you are requesting a jury trial (if you want a jury of your peers to decide your case).
- Check this box if you are NOT requesting a jury trial (if you want the assigned judge to decide your case).

Date: _____

Signature: _____